## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence recorrespondence address as a propriate. All further correspondence defenses an appropriate. All further correspondence defenses as indicated unless corrected below or directed obspaces in Block 1 by (a) specification, a new correspondence address as a contract. Feel a DIDRESS. (in a new correspondence address as a contract. Feel a DIDRESS.) (in the contract of the propriate and the propriate an

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Nose: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
			have	its own certificate of	of mailing or transmission.	ent of format drawing, must
KENYON & KI 1500 K STREET SUITE 700		22008	I he Stat addi tran	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimale transmitted to the USPIO (547) 273-2885, on the date indicated below.		
WASHINGTON,	DC 20005			(Depositor's name)		
						(Signature)
			_			(Date)
						(Dalle)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	/	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/747,981	12/31/2003		Alexander Baumann		11884/410301	8995
			CULATION OF ALTER			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/21/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NGO, CHUONG D		2193	708-206000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address for Change of Correspondence Address from PIOSB/122) altached.  The Address from Lateched.  The Address' indication for "Fee Address" Indication form PIOSB/123 late of a Customer Number is required.			2. For printing on the pasted front page, list (1) the aames of up to 3 registered patent attorneys or agents OR, alternative) (2) the name of a single firm thaving as a member a registered storney or agent and the names of up to listed, no name will be printed.			
PLEASE NOTE: Unie recordation as set forth (A) NAME OF ASSIG	ss an assignee is identi in 37 CFR 3.11. Comp		(B) RESIDENCE: (CITY	atent. If an assignee assignment. and STATE OR CO		document has been filed for
SAP AG Walldorf, Germany						
Please check the appropria	ate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 Corp	poration or other private gr	oup entity Government
☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies 3			th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form+PTO-2098-it-stundede.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose-un-extrueropy-of-this from).			
<ol> <li>Change in Entity State</li> <li>a. Applicant claims</li> </ol>	us (from status indicated SMALL ENTITY statu		b. Applicant is no lon	ger claiming SMALI	ENTITY status. Sec 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requecords of the United State	ired) will not be accepte tes Patent and Trademark	d from anyone other than t Office.	he applicant; a regist	ered attorney or agent; or t	he assignee or other party in
Authorized Signature _	/Robert L. Hai	ils/		Date_Octobe	er 21, 2008	
Typed or printed nameRobert L. Hails			Registration No. 39, 702			
This collection of informa an application. Confidenti submitting the completed this form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur rginia 22313-1450. DO 3-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 mi idual case. Any com r, U.S. Patent and To D'THIS ADDRESS.	e public which is to file (an inutes to complete, includi iments on the amount of ti rademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.